



PART B - FEE(S) TRANSMITTAL

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21005 7590 11/30/2005

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P.O. BOX 9133
CONCORD, MA 01742-9133

03/06/2006 CNGUYEN3 00000042 09745008

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Donna Boudreau	(Depositor's name)
	(Signature)
February 28, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/745,008	12/20/2000	Marina Chuenkova	1322.1028-001	7228

TITLE OF INVENTION: T. CRUZI-DERIVED NEUROTROPHIC AGENTS AND METHODS OF USE THEREFOR

APPL'N. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> Yes	\$3,400 \$700	\$300	\$3,700 \$1,000	02/28/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
TURNER, SHARON L	1649	514-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith
& Reynolds, P.C.2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Trustees of Tufts College

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medford, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 15

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-0380 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Robert H. UnderwoodDate February 28, 2006Typed or printed name Robert H. UnderwoodRegistration No. 45,170

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